

## ADMINISTRATIVE RULES SUMMARY

TO: Medical Care Advisory Committee  
FROM: Dawn I. Landry, OMBP Medicaid Eligibility Policy Specialist  
DATE: 07.25.2016  
RE: Rules Related to Resource Limits

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1. **Status:** The Department recently shifted the rulemaking responsibility for rules related to Medicaid eligibility from the Division of Family Assistance (DFA) to the Office of Medicaid Business and Policy (OMBP). There were several sets of rules expiring between July and October that were in various stages of development when the transfer occurred. In order to prevent the rules from expiring and subject to extension under RSA 541-A:14-a the rulemaking process for this set of rules needed to begin prior to MCAC review.

**Since no substantive amendments are proposed and current policy remains unchanged the Department is requesting the rules be placed on the 08/08/2016 "consent agenda".**

2. **Target Dates.**

Rule to MCAC via email: 07/25/2016

Rule presented to MCAC: 08/08/2016

Earliest Date for Public hearing: 09/14/2016

MCAC deadline to request presentation: N/A

Earliest Date RNF published: 08/24/2016

JLCAR: 10/20/2016

3. **Rule Summary:**

**Reason for rulemaking (e.g., expiration, statutory change, policy change).** Expiration. . He-W 856.06 is scheduled to expire September 1, 2016, but is subject to extension pursuant to RSA 541-A:14-a.

**Description of the specific changes being proposed to the rule:** The Department of Health and Human Services (Department) is proposing to adopt the policy currently found in He-W 656.06 into Chapter He-W 800, the chapter where all rules associated with medical assistance are now located, as He-W 856.06.

**Description of any fiscal impact to recipients, providers, or the State of New Hampshire.**

There is no anticipated cost associated with the adoption and renumbering of these rules.

4. **Issues of Concern:** There are no issues of concern.

5. **Department Contacts:**

- Dawn I. Landry, Medicaid Eligibility Specialist, 271-9315, dilandry@dhhs.state.nh.us
- Catherine Bernhard, Rules Coordinator, 271-9274, Catherine.Bernhard@dhhs.state.nh.us

**Please send all comments (including specific language changes) to:** Dawn I. Landry, dilandry@dhhs.state.nh.us

**Adopt He-W 856.06, cited and to read as follows:**

**CHAPTER He-W 800 ELIGIBILITY FOR MEDICAL ASSISTANCE**

**PART He-W 856 RESOURCES**

**He-W 856.06 Resource Limits.**

(a) The resource limit for categorically needy medical assistance for home care for children with severe disabilities (HC-CSD) shall be \$1,000, regardless of assistance group size.

(b) The resource limit for adult categorically-needy medical assistance shall be \$1,500, with the exception of individuals eligible for medicaid for employed adults with disabilities (MEAD) pursuant to He-W 641.03.

(c) Except as described in (d) below, the resource limit for all categories of medically-needy medical assistance shall be as follows, based on the number of individuals in the assistance group:

(1) For a single individual, \$2,500;

(2) For 2 individuals, \$4,000; and

(3) For 3 or more individuals, add an additional \$100 for each additional individual in the assistance group to the resource limit in (2) above.

(d) The resource limit for applicants for medical assistance long-term care services shall be \$2,500 plus the value of coverage provided in a conforming long-term care insurance policy, pursuant to RSA 167:4, IV(d) and 42 USC 1396p(b).

**APPENDIX**

<b><u>Rule</u></b>	<b><u>RSA/ Federal Citation</u></b>
He-W 856.06	RSA 167: 4, IV(d); 42 CFR 435.10; 42 CFR 435.210; 42 CFR 435.601; 42 CFR 435.840; 42 CFR 435.843, 42 CFR 435.845